## **Dear Continuing Education Sponsor:**

Thank you for your interest in continuing education. The process of endorsing continuing professional training activities is intended to ensure that these activities meet the requirements for certification and/or licensure renewal. Education specific to the areas of addiction, prevention, treatment, counseling, the administration and management of programs, and/or topics relevant to the enhancement of the knowledge and skill of a credentialed professional will be approved for certification/licensure renewal.

Once endorsement is granted, you may advertise that your training activity is BAPP approved. Credentialed professionals look to BAPP approved training activities as their first choice in selecting education for certification/licensure renewal.

All continuing educational activities must be approved within 30 days before or after the activity is held.

## **Procedures for Approval:**

Complete and submit the 'Educational Provider Status Agreement' form, the 'Request for Approval of Continuing Professional Training' form, and the \$25.00 service provider fee. Provide copies of the brochure for the continuing professional / educational training activity, to include: date(s) and location of the activity; sponsoring agency; topics covered; instructors and their qualifications; number of contact hours requested; and, agenda outlining the time frame of the program activities (actual hours for sessions, breaks, lunches, etc.).

Note: The \$25.00 service provider fee is not required for 'free' training activities.

Once the activity has been approved, you are responsible for providing a certificate of attendance, upon completion, to each attendee. The certificate must carry the attendee's name, the title of the educational training activity, the date(s), and the contact hours granted. The sponsoring agency's name should also appear on the certificate.

Attendees should only be granted the number of contact hours for which they attend. If they leave the training prior to the completion, or attend just one day of a two-day activity, give only the hours for which they are entitled. Attendance sheets must be maintained by the sponsoring agency for three years from the date of the offering.

Thank you for seeking endorsement of your continuing professional training activity and for providing quality continuing education for addiction and prevention professionals.

If you have any questions, please contact the BAPP Administrative Office at 605-332-2645 or by email at <a href="mailto:bapp@midconetwork.com">bapp@midconetwork.com</a>.

### **BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (BAPP)**

#### EDUCATIONAL PROVIDER STATUS AGREEMENT

Name of Agency/			
Institution:			
Address:			_
City:	State:	Zip:	
Phone:	Fax:		_
Email Address:			
Contact Person:			_
I/we agree to adhere to the guidelines of the Board continuing professional training activities to be convituded within 30 days before or after the activity is held. clarity of the program and/or the educational offer	onsidered for BAPP approval.  The BAPP reserves the right	Requests for approval must be to request additional information	e submitted ion for
Sponsors or organizations providing the training n attendance, to the participants and must keep an at			
Please submit this 'Agreement', the 'Request for documentation, and the \$25 service provider fe		Professional Training', the ro	equired
Note: The service provider fee is not required for	'free' training activities.		
Signature		Date	

# BOARD OF ADDICTION AND PREVENTION PROFESSIONALS (BAPP) REQUEST FOR APPROVAL OF CONTINUING PROFESSIONAL TRAINING

(This request must be submitted 30 days before or after the training activity is held.)

Date Submitted:					
Name of Training Activity:					
Is there a Registration Fee for this Training Ac	etivity? No 🗌	Yes 🗌 Am	nount \$		
Sponsoring Agency:					
Date of Activity:					
Hours of Continuing Professional Training Re	quested:				
Location of Activity (Site):					
City:	State:				
Instructor(s):					
Qualifications of Instructor(s): (Sponsoring Ag	gency attach Vitae):				
Documentation of Training Activity must be Time Frames, Agenda, etc., to assist in evaluation of Person Submitting this Form:  Name:	uating the validity of		rse Descriptions, Course Syllabus		
I am attending this activity:  (Include home address below)	OR	•	sor representative:		
Name of Sponsoring Agency (if a sponsor repres	sentative):				
Address:					
City:	State	e:	Zip:		
Phone #:	Fax #:				
<b>BAPP</b> , 3101 West	ΓΗΕ TRAINING DO t 41 <sup>st</sup> Street, Suite 205	CUMENTATIC 5, Sioux Falls, SI	ON, TO: D 57105		
APPROVAL: The BAPP Administrative Office you for your records.					
THIS TRAINING	G ACTIVITY HAS BI	EEN APPROVEI	FOR:		
	_ Hours of Continuing	g Professional Tr	aining		
Authorized Signature			Date		